

Mental Retardation Community Medicaid Services

NEW
FOR CSP YEARREVISION
FOR CSP YEARINDIVIDUAL SERVICE PLAN
THERAPEUTIC CONSULTATION

Indicate Type: ____ OT ____ PT ____ Speech ____ Recreation ____ Psychology ____ Behavior ____ Reh Eng

Individual: _____ Medicaid Number: _____

Code # _____ Provider Name: _____ Provider Number: _____

Start Date: _____ End Date: _____ Quarterly Review Dates: _____

Goals/objectives are based on up-to-date assessment information present in the file.

CSP SELECTED GOAL/ DESIRED OUTCOME:

CONSULTATION OBJECTIVES (Examples in italics. Complete, revise, delete or add any per individual's needs.)	ACTIVITIES/STRATEGIES (Examples in italics. Complete, revise, delete or add any per individual's needs.)	PROJECTED HOURS
1) <i>Complete a thorough assessment of _____ in relevant environments per CSP goal/desired outcome.</i>	1a) <i>Meet with _____ and relevant others to confirm desired outcome of consultation and supports needed.</i> b) <i>Observe _____ in various environments as needed (home, work, etc.).</i> c) <i>Review documentation from other programs and sources to determine types of supports needed and any previous supports and interventions attempted.</i> d) <i>Complete the following evaluations and/or assessments:</i> _____ _____	# Hrs. ____ # Hrs. ____ # Hrs. ____ #Hrs._____ Projected completion date: ____
2) <i>Collaborate with _____ and relevant others to develop a written SUPPORT PLAN detailing the strategy/intervention to be implemented by staff and/or family.</i>	2a) <i>Summarize assessment information and proposed strategies with _____, case manager and relevant others.</i> b) <i>Finalize _____'s SUPPORT PLAN and obtain agreement from _____, case manager and relevant others. Have the SUPPORT PLAN dated and signed by the consultant, _____, and relevant others. Distribute copies of the SUPPORT PLAN to _____, case manager and relevant others and maintain a copy in the consultant's file.</i> c) <i>Obtain confirmation from the case manager that the SUPPORT PLAN is in agreement with Human Rights regulations, policies, and procedures.</i> d) <i>Develop a data collection system to be used by relevant others that evaluates the effectiveness of the SUPPORT PLAN (states method & frequency of data collection, etc.).</i>	#Hrs._____ #Hrs._____ #Hrs._____ #Hrs._____ Projected Completion date: ____

Individual: _____ TC Service: _____ Start Date: _____

CONSULTATION OBJECTIVES (Examples in italics. Complete, revise, delete or add any per individual's needs.)	ACTIVITIES/ STRATEGIES (Examples in italics. Complete, revise, delete or add any per individual's needs.)	PROJECTED HOURS
3) <i>Provide guidance and complete hands-on training to providers/family members on the implementation of the SUPPORT PLAN.</i>	<p>3a) <i>Assist relevant others in making necessary environmental and program adjustments that may be interfering with _____'s success.</i></p> <p>b) <i>Identify location(s), schedule, and participants for the hands-on training.</i></p> <p>c) <i>Teach relevant persons to</i> <i>-Implement interventions/support techniques;</i> <i>-Observe and record data; and</i> <i>-Evaluate the effectiveness of the SUPPORT PLAN.</i></p>	<p>#Hrs. _____</p> <p>#Hrs. _____</p> <p>#Hrs. _____</p> <p>Frequency: _____ (weekly, monthly, quarterly, etc.)</p>
4) <i>Evaluate the effectiveness of the SUPPORT PLAN and make any needed adjustments.</i>	<p>4a) <i>Conduct on-site observations and interviews with _____ and relevant others implementing the SUPPORT PLAN (@ work, home, etc.).</i></p> <p>b) <i>Analyze the documentation following the recommended interventions and the data collection methodology.</i></p> <p>c) <i>Confer with case manager about any recommended changes. Make changes in the SUPPORT PLAN strategies as needed. Forward changes to case manager prior to implementation.</i></p>	<p>#Hrs. _____</p> <p>#Hrs. _____</p> <p>#Hrs. _____</p> <p>Projected completion date: _____</p>
5) <i>Include supervisory staff of receiving agency in all aspects of the consultation.</i>	<p>5a) <i>Coordinate schedule with supervisory staff.</i></p> <p>b) <i>Provide staff with any written materials pertinent to the consultation.</i></p>	<p>#Hrs. _____</p> <p>Projected completion date: _____</p>
6) <i>Complete verbal and written communication related to the Therapeutic Consultation ISP.</i>	<p>6a) <i>Record contact notes for every billable activity or a monthly summary.</i> <i>Contact notes include:</i> <i>-Date, location and time of each contact;</i> <i>-Type of activities and hours of service provided;</i> <i>-Persons to whom activities were directed.</i> <i>Monthly summary includes:</i> <i>-Date, location and times of service delivery;</i> <i>-ISP objective(s) addressed;</i> <i>-Specific details of the activities;</i> <i>-Services delivered as planned or modified;</i> <i>-Effectiveness of the strategies and _____'s/caregiver's satisfaction with service.</i></p> <p>b) <i>Complete quarterly reviews and forward to case manager within _____ calendar days following the end of the quarter.</i> <i>Review summaries include:</i> <i>-any revisions to the TC ISP;</i> <i>-the activities related to the TC ISP, the effectiveness of the SUPPORT PLAN;</i> <i>-_____ 's satisfaction with the service;</i> <i>-consultation outcomes or effectiveness of the SUPPORT PLAN.</i></p>	<p>Objective #6 is not a billable activity.</p>

Individual: _____ TC Service: _____ Start Date: _____

CONSULTATION OBJECTIVES <i>(Examples in italics. Complete, revise, delete or add any per individual's needs.)</i>	ACTIVITIES/ STRATEGIES <i>(Examples in italics. Complete, revise, delete or add any per individual's needs.)</i>	PROJECTED HOURS
7) <i>Determine need for continuation or termination of services.</i>	<p>7a) Confer with _____ and relevant service providers to integrate the SUPPORT PLAN strategies into the INDIVIDUAL SERVICES PLAN(S) of applicable programs.</p> <p>b) Make recommendations to case manager for continuation or termination of Therapeutic Consultation service.</p> <p>c) Complete a Final Disposition Summary and forward to the case manager within 30 days following the end of the service. This Summary includes:</p> <ul style="list-style-type: none"> - strategies utilized; - objectives met; - unresolved issues; - consultant recommendations. 	<p>#Hrs. _____</p> <p>#Hrs. _____</p> <p>Projected completion date: _____</p>

**Attach a signature page that includes, at a minimum, the signatures of the individual/legal guardian and the consultant.*